

ORIGINAL

Site Assessment CERCLIS Data Entry/Decision Form EPA Region III

Site Name: Naylor Valot Cremones Site Alias: _____
 Site ID#: 0306860 DSN/ State ID: DC179 SSID/ Spill ID: _____ EPA ID#: DCD982566127

Site-Level Data

Modify CERCLIS Site Information: (Enter the Site or Action-Level updates required)
Delete Pre-CERCLIS Screening Action
☐ Add ☐ Edit Latitude/Longitude Values: Lat: + _____ Long: - _____
 Non-NPL Status: (Verify with list of valid NPL/Non-NPL values) PA Start Needed (PS) Status Change Date: 6/27/12
 Merge Site/Aggregate Site: _____ Parent Site ID: _____
 (When merging or aggregating a site, identify Parent/Child relationship)
☐ **Final Assessment Decision (FAD)** (Can this site be Archived?) FAD Date: _____
☐ **Archive** (Check that there are No Prohibited Open Actions before Archiving) Archive Date: _____
☐ **Unarchive** (Document to Site File) Unarchive Date: _____
☐ **ERS Exclusion** (An ERS Exclusion Determination Form must be completed) ERS Exclusion Date: _____
☐ **NFFA (No Further Federal Action)** NFFA Date: _____
☐ **Special Initiatives:**
☐ Environmental Justice (EJ)
☐ Military Munitions Response Program (MMRP) (MM)
☐ RCRA Deferral: (Check One) _____ Lead Confirmed (RB) _____ New Decision (RC) _____ Further Superfund Assessment (RE)
☐ Smelter Site: (Check One) _____ Smelter Activities _____ Unrecognized Smelter per 2001 Report

Action-Level Data

Remedial Site Assessments (RSAD/GPRA Target)

Action Name	Lead	Start Date	Compl. Date	Qualifier
*Completion dates entered on the Actions designated below will count towards the RSAD GPRA target.	*If referred from Removal Program to SA, Discovery date is the date the Referral Decision is made.			
Pre-CERCLIS Screening (HX)	F EP FF S TR	/ /	/ /	
Preliminary Assessment (PA)	F EP S SN TR	/ /	/ /	AC A D F G H L N W DN B SA
Site Inspection (SI)	F EP S TR	/ /	/ /	AC A D F G H L N W DN B SA
Expanded Site Inspection (ESI)	F EP S TR	/ /	/ /	AC A D F G L N W DN B SA
ESI/RI (SS)	F EP MR PS RP S SN TR	/ /	/ /	AC A D F G L N W DN B SA
HRS Package (HR)	F EP FF S TR	/ /	/ /	AC D F N O W DN SA
Site Reassessment (OO)	F EP S TR	/ /	/ /	AC A D F G H L N W DN B SA
Fed Fac PA Review (RX)	F EP S TR	/ /	/ /	AC A D H L N DN B SA
Fed Fac SI Review (TY)	F EP S TR	/ /	/ /	AC A D H L N DN B SA
Fed Fac ESI Review (TZ)	F EP S TR	/ /	/ /	AC A D G L N DN B SA
Discovery (DS)	F EP FF S TR	/ /	/ /	
State Deferral (AQ)	SD	/ /	/ /	RS RT
Referred from RCRA (XR)	F EP	/ /	/ /	FN
Other Cleanup Activity (VA) (Enter Subaction below) (For OCA Start, please check FAD box and add FAD date)	FF SR PS RP SE S SN TR	/ /	/ /	A D F H L N W DN B
<input type="checkbox"/> Comprehensive Site Investigation	<input type="checkbox"/> Remedy Selection	<input type="checkbox"/> Construction	<input type="checkbox"/> Trip Report	/ /
<input type="checkbox"/> Post-Construction Maintenance	<input type="checkbox"/> Design	<input type="checkbox"/> Short Term Cleanup	<input type="checkbox"/> Work Plan Submitted	/ /
Laboratory Support (LA) (add only when using START Contract)	F EP FF MR SR PS RP SD S SN TR	/ /	/ /	H L
	Start Date - date site is initiated			
	Completion Date - date site is Archived			
Site Assessment Manager (SAM) Signature	Date	SA Data Entry/Report QA/QC Signature	Date	
Site Assessment Branch Chief Signature	Date	GPRA/CERCLIS Data Quality Coordinator (DQC) Signature	Date	

**Site Assessment
CERCLIS Data Entry/Decision Form
EPA Region III**

ORIGINAL

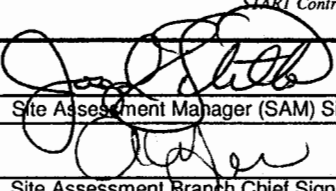
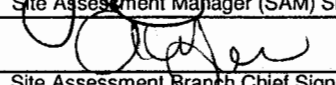
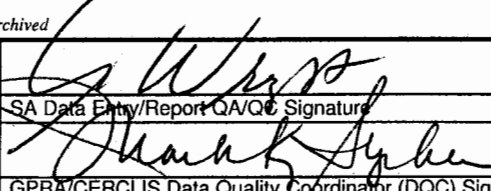
Site Name: Naylor Valet Cleaners Site Alias: _____
 Site ID#: 0306860 DSN/ State ID: DC-079 SSID/ Spill ID: _____ EPA ID#: DCD982566127

Site-Level Data

Modify CERCLIS Site Information: (Enter the Site or Action-Level updates required)
 Update Non-NPL status, Add Action-Level Data (PA start/complete dates and qualifier)
☐ Add ☐ Edit Latitude/Longitude Values: Lat: + _____ Long: - _____
 Non-NPL Status: (Verify with list of valid NPL/Non-NPL values) (SS) SI Start Needed _____ Status Change Date: 11/19/2012
 Merge Site/Aggregate Site: _____ Parent Site ID: _____
 (When merging or aggregating a site, identify Parent/Child relationship)
☐ **Final Assessment Decision (FAD)** (Can this site be Archived?) FAD Date: _____
☐ **Archive** (Check that there are No Prohibited Open Actions before Archiving) Archive Date: _____
☐ **Unarchive** (Document to Site File) Unarchive Date: _____
☐ **ERS Exclusion** (An ERS Exclusion Determination Form must be completed) ERS Exclusion Date: _____
☐ **NFFA (No Further Federal Action)** NFFA Date: _____
☐ **Special Initiatives:**
☐ Environmental Justice (EJ)
☐ Military Munitions Response Program (MMRP) (MM)
☐ RCRA Deferral: (Check One) _____ Lead Confirmed (RB) _____ New Decision (RC) _____ Further Superfund Assessment (RE)
☐ Smelter Site: (Check One) _____ Smelter Activities _____ Unrecognized Smelter per 2001 Report

Action-Level Data

Remedial Site Assessments (RSAD/GPRA Target)

Action Name	Lead	Start Date	Compl.Date	Qualifier
*Completion dates entered on the Actions designated below will count towards the RSAD GPRA target.				
*If referred from Removal Program to SA, Discovery date is the date the Referral Decision is made.				
Pre-CERCLIS Screening (HX)		/ /	/ /	
Preliminary Assessment (PA)	F	06 / 01 / 12	09 / 21 / 12	L
Site Inspection (SI)		/ /	/ /	
Expanded Site Inspection (ESI)		/ /	/ /	
ESI/RI (SS)		/ /	/ /	
HRS Package (HR)		/ /	/ /	
Site Reassessment (OO)		/ /	/ /	
Fed Fac PA Review (RX)		/ /	/ /	
Fed Fac SI Review (TY)		/ /	/ /	
Fed Fac ESI Review (TZ)		/ /	/ /	
Discovery (DS)		/ /	/ /	
State Deferral (AQ)		/ /	/ /	
Referred from RCRA (XR)		/ /	/ /	
Other Cleanup Activity (VA) (Enter Subaction below) (For OCA Start, please check FAD box and add FAD date)		/ /	/ /	
<input type="checkbox"/> Comprehensive Site Investigation <input type="checkbox"/> Remedy Selection <input type="checkbox"/> Construction <input type="checkbox"/> Trip Report		/ /	/ /	
<input type="checkbox"/> Post-Construction Maintenance <input type="checkbox"/> Design <input type="checkbox"/> Short Term Cleanup <input type="checkbox"/> Work Plan Submitted		/ /	/ /	
Laboratory Support (LA) (add only when using START Contract)		/ /	/ /	
		09/21/12		
Site Assessment Manager (SAM) Signature		Date	SA Data Entry/Report QA/QC Signature	Date
		11/14/12		11/19/2012
Site Assessment Branch Chief Signature		Date	GPRA/CERCLIS Data Quality Coordinator (DQC) Signature	Date

Site Assessment CERCLIS Data Entry/Decision Form EPA Region III

ORIGINAL

Site Name: Naylor Vapet Cleaners Site Alias: _____
 Site ID#: 030686 DSN/ State ID: DC 079 SSID/ Spill ID: _____ EPA ID#: DCD982566127

Site-Level Data

Modify CERCLIS Site Information: (Enter the Site or Action-Level updates required)

Create new site; add Action level data & non-NPL status; RCRA ID# DCD982566127

☒ Add ☐ Edit Latitude/Longitude Values: Lat: +38.853322 Long: -76.965047

Non-NPL Status: (Verify with list of valid NPL/Non-NPL values) (PS) PA Stat Needed Status Change Date: 3/19/2012

Merge Site/Aggregate Site: _____ Parent Site ID: _____

(When merging or aggregating a site, identify Parent/Child relationship)

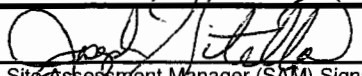

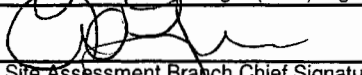
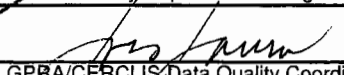
- ☐ **Final Assessment Decision (FAD)** (Can this site be Archived?) FAD Date: _____
- ☐ **Archive** (Check that there are No Prohibited Open Actions before Archiving) Archive Date: _____
- ☐ **Unarchive** (Document to Site File) Unarchive Date: _____
- ☐ **ERS Exclusion** (An ERS Exclusion Determination Form must be completed) ERS Exclusion Date: _____
- ☐ **NFFA (No Further Federal Action)** NFFA Date: _____
- ☐ **Special Initiatives:**
- ☐ Environmental Justice (EJ)
 - ☐ Military Munitions Response Program (MMRP) (MM)
 - ☐ RCRA Deferral: (Check One) _____ Lead Confirmed (RB) _____ New Decision (RC) _____ Further Superfund Assessment (RE)
 - ☐ Smelter Site: (Check One) _____ Smelter Activities _____ Unrecognized Smelter per 2001 Report

Action-Level Data

Remedial Site Assessments (RSAD/GPRA Target)

Action Name	Lead	Start Date	Compl.Date	Qualifier
*Completion dates entered on the Actions designated below will count towards the RSAD GPRA target.				
*If referred from Removal Program to SA, Discovery date is the date the Referral Decision is made.				
Pre-CERCLIS Screening (HX)	<input checked="" type="checkbox"/> F EP FF S TR	<u>3/16/12</u>	<u>3/19/12</u>	
Preliminary Assessment (PA)	F EP S SN TR	/ /	/ /	AC A D F G H L N W DN B SA
Site Inspection (SI)	F EP S TR	/ /	/ /	AC A D F G H L N W DN B SA
Expanded Site Inspection (ESI)	F EP S TR	/ /	/ /	AC A D F G L N W DN B SA
ESI/RI (SS)	F EP MR PS RP S SN TR	/ /	/ /	AC A D F G L N W DN B SA
HRS Package (HR)	F EP FF S TR	/ /	/ /	AC D F N O W DN SA
Site Reassessment (OO)	F EP S TR	/ /	/ /	AC A D F G H L N W DN B SA
Fed Fac PA Review (RX)	F EP S TR	/ /	/ /	AC A D H L N DN B SA
Fed Fac SI Review (TY)	F EP S TR	/ /	/ /	AC A D H L N DN B SA
Fed Fac ESI Review (TZ)	F EP S TR	/ /	/ /	AC A D G L N DN B SA

Discovery (DS)	<input checked="" type="checkbox"/> F EP FF S TR		<u>4/1/07</u>	
State Deferral (AQ)	SD	/ /	/ /	RS RT
Referred from RCRA (XR)	F EP	/ /	/ /	FN
Other Cleanup Activity (VA) (Enter Subaction below)	FF SR PS RP SE S SN TR	/ /	/ /	A D F H L N W DN B
(For OCA Start, please check FAD box and add FAD date)				
<input type="checkbox"/> Comprehensive Site Investigation	<input type="checkbox"/> Remedy Selection	<input type="checkbox"/> Construction	<input type="checkbox"/> Trip Report	/ /
<input type="checkbox"/> Post-Construction Maintenance	<input type="checkbox"/> Design	<input type="checkbox"/> Short Term Cleanup	<input type="checkbox"/> Work Plan Submitted	/ /
Laboratory Support (LA) (add only when using START Contract)	F EP FF MR SR PS RP SD S SN TR	/ /	/ /	
Start Date - date site is initiated Completion Date - date site is Archived				

 Site Assessment Manager (SAM) Signature	<u>3/19/2012</u> Date	 SA Data Entry/Report QA/QC Signature	<u>5/15/12</u> Date
 Site Assessment Branch Chief Signature	<u>3/29/12</u> Date	 GPRA/CERCLIS Data Quality Coordinator (DQC) Signature	<u>5/24/12</u> Date

ORIGINAL

PRE-CERCLIS SCREENING ASSESSMENT CHECKLIST/DECISION FORM

This checklist can assist the site investigator during the Pre-CERCLIS screening. It will be used to determine whether further steps in the site investigation process are required under CERCLA. Use additional sheets, if necessary.

Checklist Preparer: James Sweeney, Branch Chief, LRDB 3/16/12
(Name/Title)
1200 First St., NE, Fifth Floor, Washington, DC 202-535-2289
(Address) (Phone)
james.sweeney@dc.gov
(E-Mail Address)

Site Name: Naylor Valet Cleaners

Previous Names (if any): Naylor Valet

Site Location: 3031 Naylor Rd., SE
(Street)
Washington, DC 20020 - 1607
(City) (ST) (Zip)

Latitude: 38.853322 **Longitude:** -76.965047

Complete the following checklist. If "yes" is marked, please explain below.

	YES	NO
1. Does the site already appear in CERCLIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is the release from products that are part of the structure of, and result in exposure within, residential buildings or businesses or community structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the site consist of a release of a naturally occurring substance in its unaltered form, or altered solely through naturally occurring processes or phenomena, from a location where it is naturally found?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the release into a public or private drinking water supply due to deterioration of the system through ordinary use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is some other program actively involved with the site (i.e., another Federal, State, or Tribal program)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are the hazardous substances potentially released at the site regulated under a statutory exclusion (i.e., petroleum, natural gas, natural gas liquids, synthetic gas usable for fuel, normal application of fertilizer, release located in a workplace, naturally occurring, or regulated by the NRC, UMTRCA, or OSHA)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are the hazardous substances potentially released at the site excluded by policy considerations (e.g., deferral to RCRA Corrective Action)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is there sufficient documentation that clearly demonstrates that there is no potential for a release that could cause adverse environmental or human health impacts (e.g., comprehensive remedial investigation equivalent data showing no release above ARARs, completed removal action, documentation showing that no hazardous substance releases have occurred, EPA approved risk assessment completed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain all "yes" answer(s), attach additional sheets if necessary:

Site Determination:

- ☒ Enter the site into CERCLIS. Further assessment is recommended (explain below).
- ☐ The site is not recommended for placement into CERCLIS (explain below).

DECISION/DISCUSSION/RATIONALE:

This site is listed on the District-Wide Strategy on Perchloroethylene with a focus on Day Care Facilities. It is located close to a day care facility with a possibility of contamination of indoor air due to past or present releases.

It is listed under AIRS - EPA Plant ID#110002006249

It is currently listed as a non-Generator of hazardous waste - EPA ID#DCD982566127

Up until at least 2008, it was listed as a Conditionally Exempt Generator

It is apparently no longer in business.

EDR Historic Dry Cleaners indicates this property has been a dry cleaner as far back as 1954.

Regional EPA Reviewer:

Joseph Vitello
Print Name/Signature

3/19/2012
Date

State Agency/Tribe:

James P. Sweeney
Print Name/Signature

Digitally signed by James P. Sweeney
DN: cn=James P. Sweeney, o=DOE, ou=Land Remediation and
Development Branch, email=james.sweeney@epc.gov, c=US
Date: 2012.03.16 15:41:05 -0400

3/16/12
Date

ORIGINAL

United States Environmental Protection Agency		POTENTIAL HAZARDOUS WASTE SITE SITE IDENTIFICATION ("DISCOVERY")			I. IDENTIFICATION						
					01 ST	02 SITE NUMBER					
					DC	DCD982566127					
II. SITE NAME AND LOCATION											
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NUMBER, OR SPECIFIC LOCATION IDENTIFIER								
Naylor Valet Cleaners			3031 Naylor Road, SE								
03 CITY			04 ST	05 ZIP CODE	06 COUNTY	07 CO CODE 08 CONG DIST					
Washington			DC	20020	District of Col.	11					
09 DIRECTIONS TO SITE (Starting from nearest public road; enter up to 4 lines of text)											
ON NAYLOR RD APPROXIMATELY 1/3 MILE NORTHWEST OF THE INTERSECTION WITH SUITLAND PARKWAY WHICH IS APPROXIMATELY 6.5 MILES WEST OF THE CAPITAL BELTWAY (RTE. 95) AND PENNSYLVANIA AVENUE. SEE ATTACHED MAP											
III. RESPONSIBLE PARTIES											
01 OWNER (If known)			02 STREET (Business, residential, mailing)								
Kyu H Lee			3031 Naylor Rd., SE								
03 CITY			04 ST	05 ZIP CODE	06 TELEPHONE NUMBER						
Washington			DC	20020	202-581-3334						
07 OPERATOR (If known and different from owner)			08 STREET (Business, residential, mailing)								
Same as Owner											
09 CITY			10 ST	11 ZIP CODE	12 TELEPHONE NUMBER						
13 TYPE OF OWNERSHIP (Mark one; use "insert" mode)											
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL (Agency name): _____ <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER (Specify): _____ <input type="checkbox"/> G. UNKNOWN											
IV. HOW IDENTIFIED											
01 DATE IDENTIFIED		02 IDENTIFIED BY (Mark all that apply; use "insert" mode)									
4/07 (Month/Day/Year)		<input type="checkbox"/> A. CITIZEN COMPLAINT <input type="checkbox"/> B. INDUSTRY <input checked="" type="checkbox"/> C. STATE/LOCAL GOVERNMENT <input type="checkbox"/> D. AERIAL RECONNAISSANCE <input type="checkbox"/> E. RCRA INSPECTION <input type="checkbox"/> F. SURFACE IMPOUNDMENT ASSESSMENT <input type="checkbox"/> G. OTHER EPA IDENTIFICATION <input type="checkbox"/> H. OTHER (Specify): _____									
V. SITE CHARACTERIZATION											
01 TYPE OF SITE (Mark all that apply; use "insert" mode)											
<input type="checkbox"/> A. STORAGE <input type="checkbox"/> B. TREATMENT <input type="checkbox"/> C. DISPOSAL <input type="checkbox"/> D. UNAUTHORIZED DUMPING <input checked="" type="checkbox"/> E. OTHER (Specify): _____											
02 SUMMARY OF KNOWN PROBLEMS (Provide narrative description; enter up to 6 lines of text)											
Located close to operating day care center. There is the possibility of contamination of indoor air due to past releases. <u>The site is registered under AIRS and RCRA (non-generator). Has in the past been registered as a Conditionally Exempt Generator.</u>											
03 SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description; enter up to 5 lines of text)											
Located close to operating day care center. There is the possibility of contamination of indoor air due to past releases. The site is registered under AIRS and RCRA (non-generator). Has in the past been registered as a Conditionally Exempt Generator. Facility apparently is no longer in business.											
VI. INFORMATION AVAILABLE FROM											
01 CONTACT		02 OF (Agency/Organization)			03 TELEPHONE NUMBER						
James Sweeney		DDOE, Land Remediation and Development Branch			202-535-2289						
04 PREPARED BY		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE (Month/Day/Year)						
Same as Contact					3/16/12						